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WAREHOUSE OPERATORS LEGAL LIABILITY COVERAGE QUESTIONNAIRE

(Complete for each location)

Name of Applicant: _____

Proposed Effective Dates: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Limit Of Insurance Requested: \$ _____ Deductible Requested: \$ _____

Address of Location to be Insured: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

1. How long has current management operated at this location? _____

2. Description of Premises:

a. Number of buildings: _____ Number of stories: _____

b. Construction: Walls: _____ Roof: _____ Floors: _____

c. Total square foot area available for storage: _____

d. Identify and describe area(s), if any, occupied by tenant(s) or lessee: _____

e. Basement? Yes No

If yes: Is basement protected by automatic sump pump? Yes No

Is property in basement stored on shelves or pallets? _____

f. Year built: _____ If built over twenty-five (25) years ago, give details on remodeling: _____

3. Premises Protection:

a. Sprinklered? Yes No

If yes: Is it a wet or dry system? _____

Manufacturer's name and when installed: _____

How often serviced? _____ By Whom? _____

Is there a sprinkler alarm? Yes No

b. List any other private fire protection: _____

c. Distance to nearest responding Fire Department: _____

d. Is your premises protected by an operating premises burglar alarm system? Yes No

If yes: Central station? Yes No

Local alarm? Yes No

Name of protection company: _____

e. Is there watchmen service within your premises at all times when not open for business? Yes No

If yes: Do watchmen signal a central station? Yes No

If yes, how often? _____

f. Any loaded trucks or trailers left outside overnight? Yes No

4. Are there any cold storage facilities? Yes No

If yes: Total square foot area: _____

Auxiliary Power? Yes No

If yes, describe: _____

5. **Estimated total values in storage during the previous year:** _____

Maximum value any one time: _____ Average value any one time: _____

What is the rate of turnover of commodities stored? _____

6. **Does applicant have any mini/self storage operations?** Yes No

7. **Does applicant have any special vaults for silverware, furs, artwork, etc.?** Yes No

If yes, describe: _____

8. **Advise percentage of total weight for goods or commodities stored in dry storage:**

Home appliances (other than radio or TV equipment): _____% Furniture: _____%

Industrial chemicals: _____% Liquor, wines or spirits: _____%

Cloth products: _____% Paper products: _____%

Electronic/Radio/Television equipment: _____% Tires: _____%

Canned foods: _____% Tobacco products: _____%

Other food stuff: _____%

Red label commodities: _____% (describe): _____

Other: _____% (describe): _____

9. **Attach Warehouse Receipt issued:**

Valuation used: Weight _____ Other _____

10. **List previous five years storage and handling annual gross receipts (excluding cold storage operations):**

YEAR	STORAGE	HANDLING
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

11. **What are estimated gross receipts (excluding cold storage operations) for the next twelve (12) months?**

Storage: _____ Handling: _____

12. **Give details and amount(s) of all previous losses, insured or not insured, occurring during the past five years, which would have been recoverable under this type of insurance:** _____

13. **Name trade associations in which current memberships have been held for one year or more:** _____

14. **Does applicant subscribe to a loss control program furnished by an outside organization?** Yes No

If yes, provide the name of the organization and briefly describe services performed: _____

15. **List any commodities stored under special agreements and pertinent details of such agreements:** _____

Agency _____
Address _____
City _____

Phone _____
Fax _____
State _____ Zip _____